

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

American Nurses Association PAC

ADDRESS (number and street)

8515 Georgia Avenue

Suite 400

☐Check if different
than previously
reported. (ACC)

Silver Spring

MD

20910

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00017525

3. IS THIS
REPORT☒NEW
(N)**OR**☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report (Q1)☐July 15
Quarterly Report (Q2)☐October 15
Quarterly Report (Q3)☐January 31
Quarterly Report (YE)☐July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☒

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

06

01

2011

through

06

30

2011

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Jennifer Davis

Signature of Treasurer

Electronically Filed by Jennifer Davis

Date

07

19

2011

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
American Nurses Association PAC

Report Covering the Period: From:

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1		29737.49
(b) Cash on Hand at Beginning of Reporting Period	84460.07	
(c) Total Receipts (from Line 19)	39210.04	205783.12
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	123670.11	235520.61
7. Total Disbursements (from Line 31)	52000.00	163850.50
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	71670.11	71670.11
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Nurses Association PAC

Report Covering the Period:

From:

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	1	1

To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	7086.09	30319.09
(ii) Unitemized	32123.95	175457.12
(iii) TOTAL (add Lines 11(a)(i) and (ii)	39210.04	205776.21
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	39210.04	205776.21
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	6.91
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	39210.04	205783.12
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	39210.04	205783.12

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	0.00	0.00	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	0.00	0.00	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	52000.00	163000.00	
24. Independent Expenditure (use Schedule E)	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	850.50	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	850.50	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	52000.00	163850.50	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	52000.00	163850.50	

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	39210.04	205776.21
34. Total Contribution Refunds (from Line 28(d))	0.00	850.50
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	39210.04	204925.71
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 27

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Nurses Association PAC

A.Full Name (Last, First, Middle Initial)
THOMASRN E. STENVIG

Mailing Address P o Box 3

City	State	Zip Code
Nunda	SD	57050-0003

FEC ID number of contributing
federal political committee.**C**Name of Employer
South Dakota St UnivOccupation
RN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	1		2	0	1	1

Transaction ID: A5FE9E68454E34C6092F

Amount of Each Receipt this Period

255.00

B.Full Name (Last, First, Middle Initial)
VIRGINIA S. WANGERIN

Mailing Address 13380 Cedarwood Ave

City	State	Zip Code
Clive	IA	50325-8573

FEC ID number of contributing
federal political committee.**C**Name of Employer
Des Moines Area Community
CollegeOccupation
Educator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	1		2	0	1	1

Transaction ID: A9F51E708578A4476875

Amount of Each Receipt this Period

50.00

C.Full Name (Last, First, Middle Initial)
Mr. Franklin Hampton

Mailing Address 172 Midland Ave

City	State	Zip Code
Staten Island	NY	10306

FEC ID number of contributing
federal political committee.**C**Name of Employer
Information RequestedOccupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	1		2	0	1	1

Transaction ID: A886DFEE6AD434339BCF

Amount of Each Receipt this Period

120.00

SUBTOTAL of Receipts This Page (optional)

425.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 27

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

A.

Full Name (Last, First, Middle Initial)

Dr. Bonnie L. Lioce

Mailing Address 5803 Macon Dr

City

Huntsville

State

AL

Zip Code

35802-1933

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of AK Anchorage

Occupation
Educator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1666.68

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 2 / 2 0 1 1

Transaction ID: AF16DC409B807415AB4F

Amount of Each Receipt this Period

1500.00

B.

Full Name (Last, First, Middle Initial)

ARTURO GONZALEZ

Mailing Address 1001 Sw 22nd St

City

Miami

State

FL

Zip Code

33129-2713

FEC ID number of contributing
federal political committee.

C

Name of Employer
LARKIN COMMUNITY HOSITAL

Occupation
RN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 2 / 2 0 1 1

Transaction ID: A415CF138A7A94835B02

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

JEAN K. MARVIN

Mailing Address 10287 Bancroft Rd

City

Garrettsville

State

OH

Zip Code

44231-9689

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Legal Nurse Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 3 / 2 0 1 1

Transaction ID: A52E34DE2B29545BB8F3

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 27

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

A.

Full Name (Last, First, Middle Initial)

Dr. Bonnie L. Lioce

Mailing Address 5803 Macon Dr

City

Huntsville

State

AL

Zip Code

35802-1933

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of AK Anchorage

Occupation
Educator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1833.34

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 1

Transaction ID: AF2F689CE48794B75B51

Amount of Each Receipt this Period

166.66

B.

Full Name (Last, First, Middle Initial)

MARGARETE Lieb ZALON

Mailing Address 128 Savage Rd

City

Waymart

State

PA

Zip Code

18472-3027

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of S Alabama

Occupation
Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 7 / 2 0 1 1

Transaction ID: AF5A18CB6735E4C7A8A9

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Ola Greene

Mailing Address PO Box 937

City

Hemphill

State

TX

Zip Code

75948-0937

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hemphill Gamily Medicine

Occupation
Nursing Student - Masters Program

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.50

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 7 / 2 0 1 1

Transaction ID: A0B468601166E4397972

Amount of Each Receipt this Period

312.50

SUBTOTAL of Receipts This Page (optional)

579.16

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 27

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

A.

Full Name (Last, First, Middle Initial)

Dr. Greer L. Glazer

Mailing Address 36680 Blackberry Cir

City

Solon

State

OH

Zip Code

44139-2442

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Massachuset-
ts - Boston

Occupation
Educator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 8 / 2 0 1 1

Transaction ID: A76614F40CA924F47888

Amount of Each Receipt this Period

275.00

B.

Full Name (Last, First, Middle Initial)

Joanne S Stevens

Mailing Address 4909 Majestic Prince Ct

City

Raleigh

State

NC

Zip Code

27606-4270

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Institutes of Hea-
lth

Occupation
Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 0 / 2 0 1 1

Transaction ID: AB80591ADB2F7409F89B

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

Dr. DIANA L. TAYLOR

Mailing Address 640 Davis St #13

City

San Francisco

State

CA

Zip Code

94111-1947

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of California

Occupation
Director & Professor Emerita

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 0 / 2 0 1 1

Transaction ID: A604E6D4708004FA4AC6

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

615.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 27

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

A.

Full Name (Last, First, Middle Initial)

ROMONA SCHOLDER

Mailing Address 5641 State Hwy 41

City

Lamy

State

NM

Zip Code

87540-9644

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
RN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 3 / 2 0 1 1

Transaction ID: AA1D1C3C2A94E4B26917

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

RAYMOND LUTH

Mailing Address 1621 South Carson Ave

City

Tulsa

State

OK

Zip Code

74119-4215

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hillcrest Hospital

Occupation
Nurse Anesthetist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 3 / 2 0 1 1

Transaction ID: A7EEA43740B03461C96E

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

Susan Y. Swart

Mailing Address 33 S. Main St

City

Manteno

State

IL

Zip Code

60950-1529

FEC ID number of contributing
federal political committee.

C

Name of Employer
Illinois Nurses Assn

Occupation
Staff

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

203.32

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 5 / 2 0 1 1

Transaction ID: A7DEA1601D54746D7B85

Amount of Each Receipt this Period

25.83

SUBTOTAL of Receipts This Page (optional)

475.83

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 27

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

A.

Full Name (Last, First, Middle Initial)

PATRICIA BELTON

Mailing Address 206 Greenwood St

City

East Hartford

State

CT

Zip Code

06118-2817

FEC ID number of contributing
federal political committee.

C

Name of Employer
State of Connecticut Blue
HillsOccupation
RN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	5		2	0	1	1

Transaction ID: A0961F08FDD7C45B386A

Amount of Each Receipt this Period

120.00

B.

Full Name (Last, First, Middle Initial)

Ms. Casey L Turnbough

Mailing Address 2005 W. Aspen

City

Portales

State

NM

Zip Code

88130-9367

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sane Of Eastern Nm Mental
Health ResouOccupation
Nurse Practitioner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	7		2	0	1	1

Transaction ID: A36121F4A8AA54B5599E

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Rose Martin

Mailing Address 125 Aspen Ln

City

Anaconda

State

MT

Zip Code

59711

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information RequestedOccupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	0		2	0	1	1

Transaction ID: A8B9D4C2E31264098A3C

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

620.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 27

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

A.

Full Name (Last, First, Middle Initial)

Lucinda G. LEPLEY

Mailing Address 2504 SW 120th

City

Oklahoma City

State

OK

Zip Code

73170

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Brian Lepley

Occupation
RN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 0 / 2 0 1 1

Transaction ID: ADB87A308F7424722ABE

Amount of Each Receipt this Period

120.00

B.

Full Name (Last, First, Middle Initial)

FRANCES M. EDWARDS

Mailing Address 50 Concord Park E.

City

Nashville

State

TN

Zip Code

37205-4705

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Clinical Specialist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

951.10

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 1 / 2 0 1 1

Transaction ID: A2CB2ACD540F84BA4868

Amount of Each Receipt this Period

201.10

C.

Full Name (Last, First, Middle Initial)

Barbara A Crane

Mailing Address 8 Vernon Place

City

Smithtown

State

NY

Zip Code

11787-4915

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Catherine of Siena Me-
dical Center

Occupation
Staff Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 1 / 2 0 1 1

Transaction ID: AD9B2C83CA6F547E2A84

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

346.10

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 27

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

A.

Full Name (Last, First, Middle Initial)

Rose Iris Gonzalez

Mailing Address 3318 Cullers Ct

City

Woodbridge

State

VA

Zip Code

22192-1085

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANA

Occupation

Director Gov't Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 4 / 2 0 1 1

Transaction ID: A077BA05594A445D69E3

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dixine L. Hale

Mailing Address 6781 So 345 East

City

Midvale

State

UT

Zip Code

84047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Alta View Hospital

Occupation

RN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 4 / 2 0 1 1

Transaction ID: AB52E6A7500164667B05

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)

Elizabeth Gut

Mailing Address 114 Java St #1r

City

Brooklyn

State

NY

Zip Code

11222-1644

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 7 / 2 0 1 1

Transaction ID: A941C4739BB3D4950BF9

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

625.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 27

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

A.

Full Name (Last, First, Middle Initial)

ELLEN MOILANEN

Mailing Address 110 Flintlock Ln

City

Ben Lomond

State

CA

Zip Code

95005

FEC ID number of contributing
federal political committee.

C

Name of Employer
Santa Cruz Healthcare

Occupation

Nurse Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 7 / 2 0 1 1

Transaction ID: AE6408873289A4307B56

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

MARCIA G. SHLOUSH

Mailing Address 1220 Gettysvuw Way

City

Knoxville

State

TN

Zip Code

37922

FEC ID number of contributing
federal political committee.

C

Name of Employer
Roane State Comm College

Occupation

RN Educator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 8 / 2 0 1 1

Transaction ID: AD87AFC6BC23F4E8F89E

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

James L. RAPER

Mailing Address 1108 Fern St

City

Birmingham

State

AL

Zip Code

35209-7010

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNIV OF ALABAMA BIRMINGHAM

Occupation

Nurse Practitioner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 8 / 2 0 1 1

Transaction ID: A3C7124D39B07440B89F

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 27

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

A.

Full Name (Last, First, Middle Initial)

REBECCA M. PATTON

Mailing Address 2382 Woodward St

City

Lakewood

State

OH

Zip Code

44107

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNIVERSITY HOSP

Occupation

Director of Patient Servi

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 9 / 2 0 1 1

Transaction ID: A6A4F414B41C144439CE

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

LAURA A. GOODE

Mailing Address 156 Oakwood Ave

City

Bogota

State

NJ

Zip Code

07603-1722

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Univ Med Center

Occupation

ADVANCED PRACTICE NURSE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 1

Transaction ID: AADFBEF05851248A29C7

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

7086.09

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 16 / 27

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

A.

Full Name (Last, First, Middle Initial)

Kurt Schrader for Congress

Mailing Address 307 N Main St Ste 240

City
Oregon CityState
ORZip Code
97045

Purpose of Disbursement

Candidate Name
Rep. Kurt SchraderCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: OR District: 05

Transaction ID: B8F31BE55D4A44F58A29

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	2		2	0	1	1

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

National Republican Senatorial Committee

Mailing Address 425 2nd St NE

City
WashingtonState
DCZip Code
20002

Purpose of Disbursement

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: BF86773A21B7140409CA

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	2		2	0	1	1

Amount of Each Disbursement this Period

4000.00

C.

Full Name (Last, First, Middle Initial)

Republican National Committee

Mailing Address 320 1st St SE

City
WashingtonState
DCZip Code
20003

Purpose of Disbursement

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: BDE8D796E3CFD498A8EB

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	2		2	0	1	1

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

7500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

A. Full Name (Last, First, Middle Initial) Schakowsky for Congress	Transaction ID: BCA1F3DCEC47F466C954 Date of Disbursement
Mailing Address PO Box 5130	<div> <div>06</div> <div>29</div> <div>2011</div> </div>
City Evanston State IL Zip Code 60204	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>1500.00</div>
Candidate Name Rep. Jan D. Schakowsky	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 09	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Pallone for Congress	Transaction ID: B1B669DBBC1274A5FA04 Date of Disbursement
Mailing Address PO Box 3176	<div> <div>06</div> <div>22</div> <div>2011</div> </div>
City Long Branch State NJ Zip Code 07740	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>1000.00</div>
Candidate Name Rep. Frank Pallone, Jr.	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 06	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Tim Walz For Congress	Transaction ID: B1EDB9B0BECFF4A409AE Date of Disbursement
Mailing Address PO Box 938	<div> <div>06</div> <div>28</div> <div>2011</div> </div>
City Mankato State MN Zip Code 56002	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>500.00</div>
Candidate Name Rep. Timothy J. Walz	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 01	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

A. Full Name (Last, First, Middle Initial) Schakowsky for Congress	Transaction ID: BA9D6BFEE386F46FE93B Date of Disbursement
Mailing Address PO Box 5130	<div> <div>06</div> <div>22</div> <div>2011</div> </div>
City Evanston State IL Zip Code 60204	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>1000.00</div>
Candidate Name Rep. Jan D. Schakowsky	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 09	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) John D Dingell for Congress Committee	Transaction ID: B38A1D31F9075442696C Date of Disbursement
Mailing Address 607 14th St NW Ste 800	<div> <div>06</div> <div>24</div> <div>2011</div> </div>
City Washington State DC Zip Code 20005	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>1000.00</div>
Candidate Name Rep. John D. Dingell	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 15	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) BOSWELL FOR CONGRESS COMMITTEE	Transaction ID: B9C77D3FE1AAA4369973 Date of Disbursement
Mailing Address PO Box 6220	<div> <div>06</div> <div>01</div> <div>2011</div> </div>
City Des Moines State IA Zip Code 50309	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>2000.00</div>
Candidate Name Rep. Leonard L. Boswell	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 03	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

A. Full Name (Last, First, Middle Initial) Tiberi for Congress	Transaction ID: B8F744FAFE9754D8CA14 Date of Disbursement
Mailing Address 217 3rd St SE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 2 2 / 2 0 1 1</div> </div>
City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>2000.00</div>
Candidate Name Rep. Patrick J. Tiberi	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 12	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) NATIONAL REPUBLICAN CONGRESSIONAL Committee	Transaction ID: B72CBD1FF79404C66B65 Date of Disbursement
Mailing Address 320 1st St SE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 2 2 / 2 0 1 1</div> </div>
City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>2500.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) LOBIONDO FOR CONGRESS	Transaction ID: B75ACDDAD84FE4D18AC8 Date of Disbursement
Mailing Address 1707 Prince St #5	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 2 2 / 2 0 1 1</div> </div>
City Alexandria State VA Zip Code 22314	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>1000.00</div>
Candidate Name Rep. Frank A. LoBiondo	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 02	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

5500.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 20 / 27

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

A.

Full Name (Last, First, Middle Initial)

DEMOCRATIC SENATORIAL CAMPAIGN COMMITTEE

Mailing Address 120 Maryland Ave

City
WashingtonState
DCZip Code
20002

Purpose of Disbursement

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: BA430721386694B25A1F

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	2		2	0	1	1

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE

Mailing Address 430 S Capitol

City
WashingtonState
DCZip Code
20003

Purpose of Disbursement

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: B2AE402B974E44D04A50

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	2		2	0	1	1

Amount of Each Disbursement this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

Friends of Jim Clyburn

Mailing Address PO Box

City
ColumbiaState
SCZip Code
29211

Purpose of Disbursement

Candidate Name
Rep. James E. ClyburnCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: SC District: 06

Transaction ID: BF378229377294CA085E

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	2		2	0	1	1

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional)

6500.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 21 / 27

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

A.

Full Name (Last, First, Middle Initial)

Andre Carson for Congress

Mailing Address PO Box 1863

City
IndianapolisState
INZip Code
46206

Purpose of Disbursement

Candidate Name
Rep. Andre CarsonCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: IN District: 07

Transaction ID: B9FC5DE982FA14BD68AE

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	2		2	0	1	1

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Tuesday Group

Mailing Address PO Box 40385

City
WashingtonState
DCZip Code
20016

Purpose of Disbursement

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: BEC2BA3F5AC3F4586904

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	2		2	0	1	1

Amount of Each Disbursement this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

New Democrat Coalition PAC

Mailing Address 315 C St SE

City
WashingtonState
DCZip Code
20003

Purpose of Disbursement

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: BC8EE72CA3A4D41B9BA2

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	2		2	0	1	1

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER:
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

A. Full Name (Last, First, Middle Initial) Paul Tonko for Congress	Transaction ID: B55EABD23E62C4C8386B Date of Disbursement
Mailing Address POBox 221	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 2 9 / 2 0 1 1</div> </div>
City Albany State NY Zip Code 12206	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>500.00</div>
Candidate Name Rep. Paul D. Tonko	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 21	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) FRIENDS OF ROSA DELAURO COMMIT	Transaction ID: B258BBD4635C34FE5BA0 Date of Disbursement
Mailing Address 12 Trumbull St	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 2 2 / 2 0 1 1</div> </div>
City New Haven State CT Zip Code 06511	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>1000.00</div>
Candidate Name Rep. Rosa L. DeLauro	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 03	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Ben Chandler For Congress	Transaction ID: B32AFE3A272CA45AF944 Date of Disbursement
Mailing Address PO Box 12678	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 2 2 / 2 0 1 1</div> </div>
City Lexington State KY Zip Code 40508	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>500.00</div>
Candidate Name Rep. Ben Chandler	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 06	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

A. Full Name (Last, First, Middle Initial)
MARSHA BLACKBURN FOR CONGRESS INC.

Mailing Address PO Box 3750

City State Zip Code
Brentwood TN 37024

Purpose of Disbursement

Candidate Name
Rep. Marsha BlackburnCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: TN District: 07

Transaction ID: B5FB852217277431AB39

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	8		2	0	1	1

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial)
Gwen Moore for Congress

Mailing Address PO Box 16646

City State Zip Code
Milwaukee WI 53216

Purpose of Disbursement

Candidate Name
Rep. Gwen MooreCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: WI District: 04

Transaction ID: B6A1C6130338944BAB17

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	8		2	0	1	1

Amount of Each Disbursement this Period

1500.00

C. Full Name (Last, First, Middle Initial)
Whitehouse for Senate

Mailing Address PO Box 40280

City State Zip Code
Providence RI 02940

Purpose of Disbursement

Candidate Name
Sen. Sheldon Whitehouse, IICategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: RI District:

Transaction ID: B718BE87CF19B4433B6D

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	1		2	0	1	1

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

A.

Full Name (Last, First, Middle Initial)

Ellison For Congress

Mailing Address PO Box 6072

City
MinneapolisState
MNZip Code
55406

Purpose of Disbursement

Candidate Name
Rep. Keith EllisonCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: MN District: 05

Transaction ID: BB3E473FBACF141EF97F

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	8		2	0	1	1

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

CONGRESSMAN WAXMAN FOR CONGRES

Mailing Address 6380 Wilshire Blvd #1612

City
Los AngelesState
CAZip Code
90048

Purpose of Disbursement

Candidate Name
Rep. Henry A. WaxmanCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 30

Transaction ID: BAB16A477280C4F84BC5

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	2		2	0	1	1

Amount of Each Disbursement this Period

2000.00

C.

Full Name (Last, First, Middle Initial)

FRIENDS OF CAROLYN MCCARTHY

Mailing Address 151 Linden Rd

City
MineolaState
NYZip Code
11501

Purpose of Disbursement

Candidate Name
Rep. Carolyn McCarthyCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 04

Transaction ID: B215430292C934253A9D

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	1	1

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

A. Full Name (Last, First, Middle Initial)
Citizens For John Olver For Congress

Mailing Address 38 Ivy St SE

City Washington State DC Zip Code 20037

Purpose of Disbursement

Candidate Name
Rep. John W. Olver

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: MA District: 01

Transaction ID: B7B1F3BF65C8F4E9B959

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial)
Lautenberg for Senate

Mailing Address 236 Massachusetts Ave NE
Ste 602

City Washington State DC Zip Code 20002

Purpose of Disbursement

Candidate Name
Sen. Frank R. Lautenberg

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: NJ District:

Transaction ID: B7BA0B8634C4B46308C9

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2000.00

C. Full Name (Last, First, Middle Initial)
HOYER FOR CONGRESS COMMITTEE

Mailing Address 7095 Malcolm Rd Ste 102

City Clinton State MD Zip Code 20735

Purpose of Disbursement

Candidate Name
Rep. Steny H. Hoyer

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: MD District: 05

Transaction ID: B3197839B19F9450CA2F

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

A. Full Name (Last, First, Middle Initial)
KAY HAGAN FOR US SENATE

Mailing Address PO BOX 29103

City Greensboro State NC Zip Code 27429

Purpose of Disbursement

Candidate Name
Sen. Kay R. Hagan

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: NC District:

Transaction ID: B71680C8D8F174384972

Date of Disbursement

06 / 22 / 2011

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial)
Perlmutter For Congress

Mailing Address 3440 Youngsfield St #264

City Wheat Ridge State CO Zip Code 80033

Purpose of Disbursement

Candidate Name
Rep. Ed Perlmutter

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: CO District: 07

Transaction ID: B8375AC3718924A7E9D3

Date of Disbursement

06 / 22 / 2011

Amount of Each Disbursement this Period

1000.00

C. Full Name (Last, First, Middle Initial)
Montanans For Tester

Mailing Address PO Box 1135

City Helena State MT Zip Code 56234

Purpose of Disbursement

Candidate Name
Sen. Jon Tester

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: MT District:

Transaction ID: BF668A18722ED49D9AA1

Date of Disbursement

06 / 22 / 2011

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

A.

Full Name (Last, First, Middle Initial)

Welch For Congress

Mailing Address PO Box 1086

City
Montpelier

State
VT

Zip Code
05601

Purpose of Disbursement

Candidate Name
Rep. Peter Welch

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: VT District: 01

Transaction ID: BC877961185DA4965AB7

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	2		2	0	1	1

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

52000.00